

I hereby certify that this correspondence is being sent via facsimile transmission to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450; Attention: Examiner Hung T. Vy; Fax Number: (703) 872-9306 on April 25, 2005.

William R. Allen,
William R. Allen, Reg. No. 48,389

25 April 2005
Date

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ONLY

Applicant: James W. Schmitkons et al. Confirmation No.: 9643
Serial No: 10/764,929
Filing Date: January 26, 2004
Art Unit: 2821
Examiner: Hung T. Vy
Title: MICROWAVE EXCITED ULTRAVIOLET LAMP SYSTEM WITH
SINGLE ELECTRICAL INTERCONNECTION
Attorney Docket: NOR-1091A

Cincinnati, Ohio 45202

April 25, 2005

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

PRELIMINARY AMENDMENT

Before examination, please preliminarily amend this application as follows:

Amendments to the Claims are reflected in the listing of claims that begins on

05/05/2005 RTYSEN 00000001 233000 10754929

page 2 of this paper.

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Remarks begin on page 8 of this paper.

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

10/764.929

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	14 minus 20 =	
INDEPENDENT CLAIMS	3 minus 3 =	
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE		RATE	FEE
BASIC FEE	150.00	OR	BASIC FEE	300.00
X\$ 25=		OR	X\$50=	
X100=		OR	X200=	
+180=		OR	+360=	
TOTAL		OR	TOTAL	

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	4/25/05	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR
Total	19	Minus	** 20 =
Independent	5	Minus	*** 3 = 2
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY OR SMALL ENTITY

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 25=		OR	X\$50=	
X100=		OR	X200=	400
+180=		OR	+360=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR
Total		Minus	** =
Independent		Minus	*** =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 25=		OR	X\$50=	
X100=		OR	X200=	
+180=		OR	+360=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR
Total		Minus	** =
Independent		Minus	*** =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 25=		OR	X\$50=	
X100=		OR	X200=	
+180=		OR	+360=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Best Available Copy